

DEC 22 1941 791

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community 45 Years
years, months or days)

3. (a) PRINT FULL NAME JOSEPH FISHMAN.

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fannie Fishman 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 28th 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 6 19 hr. min.

9. Birthplace Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Manufacture

11. Industry or business Pants

12. Name Paul Fishman

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Etti Barnholtz

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Jake Fishman

(b) Address 734 Kingsland

17. (a) Burial (b) Date thereof 11-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Smeth

18. (a) Signature of funeral director Odenhauer

(b) Address 4469 Washington

19. (a) NOV 17 1941 (b) J. F. Bruck
(Date received local health officer's report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6313 Cabanne
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 45 Years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16th
year 1941 hour 1 minute 05 P.M.

21. I hereby certify that I attended the deceased from Nov. 5th 1941 to Nov. 16th 1941
that I last saw him alive on Nov. 16th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial Failure Duration

Due to arteriosclerotic & Hypertensive Cardiovascular Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify name of place) Means of injury

23. Signature J. F. Bruck (M. D. or other) 4:30

Address 2165 Kings Highway Date signed 11/16/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

W. J. Kenhandler

Licensed Embalmer No.

2669

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.